

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF

COURT CASE NUMBER

Fernando Fontanez

07C6391

DEFENDANT

TYPE OF PROCESS

Department of Homeland Security, et al.

S/C

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Agent Jeffrey Dabe, C/O Department of Homeland Security

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

Department of Homeland Security, Washington, DC 20528

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Fernando Fontanez

P.O. Box 578941

Chicago, IL 60657

FILED

1-10-2008

JAN 10 2008

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Number of process to be
served with this Form - 285Number of parties to be
served in this caseCheck for service
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All
Telephone Numbers, and Estimated Times Available For Service):

Fold

Please provide to department + address
AGENT JEFFREY DABE C/O DEPT OF HOMELAND SECURITY
3801 NEBRASKA AVENUE WASHINGTON, D.C. 20528

202-447-3710 CALL MEGAN

GEMUNDOR for RECEIPT

Fold

ATTN:
MEGAN
GEMUNDOR

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

11-27-07

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only first USM 285 if more
than one USM 285 is submitted)

Total Process

1 of 1

District
of Origin

No. 24

District
to Serve

No. 46

Signature of Authorized USMS Deputy or Clerk

TD

Date

11-27-07

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Megan Gemunder, Attorney Advisor

☐ A person of suitable age and dis-
cretion then residing in the defendant's
usual place of abode.

Address (complete only if different than shown above)

3801 Nebraska Ave Washington DC 20528

Date of Service

Time

12/13/07

1020

am

pm

Signature of U.S. Marshal or Deputy

Diana Schwitz 4047

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Poc: Megan
only accepting within official capacity for agent Jeffrey Dabe.
Poc: Megan Gemunder 202-447-3710
Schwartz 4047/KIM 0827PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)